

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
08/325278 | FILING DATE  
10/26/94

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/						51		
2		/					52		
3	/						53		
4	/						54		
5	/						55		
6	/						56		
7	(1)						57		
8	(1)						58		
9	(1)						59		
10	(1)						60		
11	(1)						61		
12	(1)						62		
13	(1)						63		
14							64		
15							65		
16							66		
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42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	/						TOTAL IND.		
TOTAL DEP.	(1)						TOTAL DEP.		
TOTAL CLAIMS	13						TOTAL CLAIMS		

BEST AVAILABLE COPY